

**APPLICATION FOR RETIREMENT INSURANCE BENEFITS**

(Do not write in this space)

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and Part A of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended.

Supplement. If you have already completed an application entitled "APPLICATION FOR WIFE'S OR HUSBAND'S INSURANCE BENEFITS", you need complete only the circled items. All other claimants must complete the entire form.

1.	(a) PRINT your name	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Check (X) whether you are	<input type="checkbox"/> Male <input type="checkbox"/> Female
2.	Enter your Social Security number	- -
3.	If this claim is awarded, do you want a password to use SSA's Internet/phone service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Answer question 4 if English is not your language preference. Otherwise, go to item 5.**

4.	Enter the language you prefer to: Speak	Write
5.	(a) Enter your date of birth	Month, Day, Year
	(b) Enter name of State or foreign country where you were born.	
	(c) Was a public record of your birth made before you were age 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	(d) Was a religious record of your birth made before you were age 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6.	(a) Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to item 8.) (Go to item (b).)
	(b) Are you an alien lawfully present in U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Enter your full name at birth if different from item 1(a)	FIRST NAME, MIDDLE INITIAL, LAST NAME
8.	(a) Have you used any other name(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to item (b).) (Go to item 9.)
	(b) Other names(s) used.	
9.	(a) Have you used any other Social Security number(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to item (b)) (Go to item 10.)
	(b) Enter Social Security number(s) used.	- -

**Do not answer question 10 if you are one year past full retirement age or older; go to question 11.**

10.	(a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) If "Yes", enter the date you became unable to work. _____	MONTH, DAY, YEAR	
11.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b) and (c).)</i>	<input type="checkbox"/> No <i>(If "No," go to item 12.)</i>
	(b) Enter name of person(s) on whose Social Security record you filed other application. _____	FIRST NAME, MIDDLE INITIAL, LAST NAME	
	(c) Enter Social Security number(s) of person named in (b). (If unknown, so indicate.) _____	- -	

**If you are now AGE 62 or older, or you will be AGE 62 in this month or one of the next 4 months, answer question 12. Otherwise, go to question 13.**

12.	(a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b) and (c).)</i>	<input type="checkbox"/> No <i>(If "No," go to item 13.)</i>
	(b) Enter date(s) of service _____	Month, Year From:	Month, Year To:
	(c) Have you ever been (or will you be) eligible for monthly benefits from a military or civilian Federal agency? (including Veterans Administration benefits <u>only</u> if you waived Military retirement pay) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Did you or your spouse (or prior spouse) work in the railroad industry for 5 years or more? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	(a) Do you (or your spouse) have Social Security credits (for example based on work or residence) under another country's Social Security system? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b) and (c).)</i>	<input type="checkbox"/> No <i>(If "No," go to item 15.)</i>
	(b) List the country(ies): _____		
	(c) Are you (or your spouse) filing for foreign Social Security benefits? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Answer question 15 only if you were born January 2, 1924, or later. Otherwise go on to question 16.**

15.	(a) Are you entitled to, or do you expect to be entitled to, a pension or annuity based on your work after 1956 not covered by Social Security? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b) and (c).)</i>	<input type="checkbox"/> No <i>(If "No," go on to item 16.)</i>
	(b) <input type="checkbox"/> I became entitled, or expect to become entitled, beginning _____	MONTH	YEAR
	(c) <input type="checkbox"/> I became eligible, or expect to become eligible, beginning _____	MONTH	YEAR

16. Have you been married? _____ →	Yes <i>(If "Yes," answer item 17.)</i>	No <i>(If "No," go to item 18.)</i>
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17. (a) Give the following information about your current marriage. If not currently married, show your last marriage here:

To whom married	When (Month, day, year)	Where (Name of City and State)
<b>Current or last marriage</b>	How marriage ended (If still in effect, write "Not Ended.")	When (Month, day, year)
	Where (Name of City and State)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)
Spouse's Social Security Number (If none or unknown, so indicate)		

(b) Give the following information about each of your previous marriages. (IF NONE, WRITE "NONE")

To whom married	When (Month, day, year)	Where (Name of City and State)	
<b>Your previous marriage</b> <i>(Use a separate statement for information about any other marriages.)</i>	How marriage ended	When (Month, day, year)	
	Where (Name of City and State)	Where (Name of City and State)	
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number (If none or unknown, so indicate)		

18. List below FULL NAME OF ALL your children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) who are now or were in the past 6 months UNMARRIED and:

- UNDER AGE 18    ▪ AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL
- DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)

Also list any student who is between the ages of 18 to 23 if such student was both: 1. Previously entitled to Social Security benefits on any Social Security record for August 1981; and 2. In full-time attendance at a post-secondary school prior to May 1982.

**(IF THERE ARE NO SUCH CHILDREN. WRITE "NONE" BELOW AND GO ON TO ITEM 19.)**


19. (a) Did you have wages or self-employment income covered under Social Security in **all** years from 1978 through last year?  Yes (If "Yes," go to item 20.)  No (If "No," answer item (b).)

(b) List the years from 1978 through last year in which you did not have wages or self-employment income covered under Social Security.

20. (a) Enter below the names and addresses of all the persons, companies, or government agencies for whom you have worked this year, last year, and the year before last. **IF NONE, WRITE "NONE" BELOW AND GO ON TO ITEM 21.**

NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer.)	Work Began		Work Ended (If still working, show "Not Ended")	
	Month	Year	Month	Year

(If you need more space, use "Remarks".)

(b) Are you an officer of a corporation, or are you related to an officer of a corporation?  Yes  No

21. May we ask your employers for wage information needed to process your claim?  Yes  No

22. THIS ITEM MUST BE COMPLETED, EVEN IF YOU ARE AN EMPLOYEE.

(a) Were you self-employed this year and/or last year?  Yes (If "Yes," answer (b).)  No (If "No," go to item 23.)

(b) Check the year or years in which you were self-employed	In what kind of trade or business were you self-employed? (For example, storekeeper, farmer, physician)	Were your net earnings from your trade or business \$400 or more? (Check "Yes" or "No")
<input type="checkbox"/> This year		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Last year		<input type="checkbox"/> Yes <input type="checkbox"/> No

23. (a) How much were your total earnings last year? Amount \$ \_\_\_\_\_

(b) Place an "X" in each block for EACH MONTH of last year in which you did not earn more than \*\$ \_\_\_\_\_ in wages, and did not perform substantial services in self-employment. These months are exempt months. If no months were exempt months, place an "X" in "NONE". If all months were exempt months, place an "X" in "ALL".

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".	NONE		ALL	
	Jan.	Feb.	Mar.	Apr.
	May	Jun.	Jul.	Aug.
	Sept.	Oct.	Nov.	Dec.

24. (a) How much do you expect your total earnings to be this year? Amount \$ \_\_\_\_\_

(b) Place an "X" in each block for EACH MONTH of this year in which you did not or will not earn more than \*\$ \_\_\_\_\_ in wages, and did not or will not perform substantial services in self-employment. These months are exempt months. If no months are or will be exempt months, place an "X" in "NONE". If all months are or will be exempt months, place an "X" in "ALL".

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".	NONE		ALL	
	Jan.	Feb.	Mar.	Apr.
	May	Jun.	Jul.	Aug.
	Sept.	Oct.	Nov.	Dec.

Answer this item ONLY if you are now in the last 4 months of your taxable year (Sept., Oct., Nov., and Dec., if your taxable year is a calendar year).

25. (a) How much do you expect to earn next year? \_\_\_\_\_ Amount \$ \_\_\_\_\_

(b) Place an "X" in each block for EACH MONTH of next year in which you do not expect to earn more than \*\$\_\_\_\_\_ in wages, and do not expect to perform substantial services in self-employment. These months will be exempt months. If no months are expected to be exempt months, place an "X" in "NONE". If all months are expected to be exempt months, place an "X" in "ALL".

NONE		ALL	
Jan.	Feb.	Mar.	Apr.
May	Jun.	Jul.	Aug.
Sept.	Oct.	Nov.	Dec.

\*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

26. If you use a fiscal year, that is, a taxable year that does not end December 31 (with income tax return due April 15), enter here the month your fiscal year ends. \_\_\_\_\_ (Month) \_\_\_\_\_

DO NOT ANSWER ITEM 27 IF YOU ARE FULL RETIREMENT AGE AND 6 MONTHS OR OLDER; GO TO ITEM 28.

PLEASE READ CAREFULLY THE INFORMATION ON THE BOTTOM OF PAGE 8 AND ANSWER ONE OF THE FOLLOWING ITEMS:

27. (a) I want benefits beginning with the earliest possible month that will be the most advantageous. \_\_\_\_\_

(b) I am full retirement age (or will be within 4 months) and I want benefits beginning with the earliest possible month that will be the most advantageous providing there is no permanent reduction in my ongoing monthly benefits. \_\_\_\_\_

(c) I want benefits beginning with \_\_\_\_\_. I understand that either a higher initial payment or a higher continuing monthly benefit amount may be possible, but I choose not to take it. \_\_\_\_\_

**MEDICARE INFORMATION**

If this claim is approved and you are still entitled to benefits at age 65, you will automatically receive Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage at age 65. If you are not eligible for automatic enrollment in Medicare Part B, this application may be used for voluntary enrollment.

**COMPLETE ITEM 28 ONLY IF YOU ARE WITHIN 3 MONTHS OF AGE 65 OR OLDER**

In most cases, Medicare does not pay for health care you get while traveling outside the United States. Your local Social Security office will be glad to explain more about Medicare.

Enrollment in Medicare Part B (Medical Insurance): Medicare Part B helps cover doctor's services and outpatient care. It also covers some other services that Medicare Part A doesn't cover. Once you are enrolled in Medicare Part B, you will have to pay a monthly premium. The date your Medicare Part B begins and the amount of the premium you must pay depends on the month you filed this application with the Social Security Administration. Your premiums will be deducted from any monthly Social Security, Railroad Retirement, or Office of Personnel Management benefit check you receive. If you do not receive such benefits, you will be notified how to pay your premiums. You will get advance notice if there is any change in your premium amount.

If you do not enroll in Medicare Part B now, you can enroll later only during a specified enrollment period. If you enroll later, your coverage may be delayed and you may have to pay a higher premium.

28. Do you want to enroll in Medicare Part B (Medical insurance)? \_\_\_\_\_  Yes  No

29. If you are within 2 months of age 65 or older, blind or disabled, do you want to file for Supplemental Security Income? \_\_\_\_\_  Yes  No

30. Do you have any unsatisfied felony warrants for your arrest? \_\_\_\_\_  Yes  No

31. Do you have any unsatisfied Federal or State warrants for your arrest for violating the conditions of your probation or parole? \_\_\_\_\_  Yes  No

